

THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGIST
111 ST. JAMES COURT STE A, FRANKFORT, KY 40601
PHONE (502) 564-4262

TRANSFER OF OWNERSHIP APPLICATION

KBHC USE: App #: _____ New Salon Lic #: _____ Date Issued: _____ SALON TYPE: BUSINESS: _____ OR RESIDENTIAL: _____

PRINT THE INFORMATION REQUIRED & WRITE DISTINCTLY IN THE FOLLOWING SPACES. ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED.

Applications must be accompanied with the correct fee in the form of a cashiers check or money order.

PLEASE CHECK LICENSE TYPE: ____ Beauty Salon \$35.00 ____ Nail Salon \$35.00 ____ Esthetic Salon \$125.00

Previous Salon Name _____ Previous Salon License # _____

Address: _____ Date Out of Business: _____

Previous Owner: _____ Previous Manager: _____

Previous Owner Signature: _____

New Salon Name: _____ County: _____
(No more than 30 Characters)

Mailing Address: _____
(Street) (City) (State) (Zip code)

Physical Address: _____
(Street) (City) (State) (Zip code)

Business Phone Number: (____) _____ Social Security Number: _____
(Tax ID # if Owner is NOT licensed by KBHC)

Salon Owner: _____ Personal Contact Number: (____) _____
(Must be different from Business)

Owners Home Address: _____
(Street) (City) (State) (Zip code)

Salon Owners Signature: _____ Date: _____

Salon Manager: _____ Managers Signature: _____

Cosmetologist, Nail Tech., or Esthetic License #: _____ Date: _____

The manager must be a current & Active Licensee (Cosmetologist, Nail Tech, or Esth.) in the State of Kentucky.

Salon Owner must list the last two salons (if applicable) owned and operated in the state of Kentucky.

(Salon Name)	(Street Address)	(City, State, Zip)	(Previous License #)
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(Salon Name)	(Street Address)	(City, State, Zip)	(Previous License #)
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201 KAR 12:060 Section 4. (2) The Owner and manager of each establishment licensed by the board are responsible for compliance with KRS Chapters 317A, 317B and 201 KAR Chapter 12.

If you have made plumbing changes (added or removed shampoo bowls, sinks or pedicure chairs) you must have an updated inspection with your State Plumber. *You must have an inspection done by the Cosmetology Inspector to complete the transfer of ownership and obtain your business license, until then this location is considered out of business and does not have a current license to operate. Please visit WWW.KBHC.KY.GOV for local laws and regulations.

Signature of State Plumber: (502) 573-0397 _____ Date: _____

Signature of Cosmetology Inspector: _____ Date: _____